



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10003-NMG	
DEFENDANT(s) DENNIS ALBERTELLI, et al.,		TYPE OF PROCESS Order for Interlocutory Sale	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize John D. Birchby, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Dieffenbach Witt & Birchby, West 100 Century Road; Paramus, NJ 07652		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times) Please serve the attached Order for Interlocutory Sale upon the above-named individual by certified mail, return receipt requested. <div style="text-align: right;">LJT x3364</div>			
Signature of Attorney or other Originator requesting service on behalf of <i>Kristina E. Barclay</i>		I <input checked="" type="checkbox"/> Plaintiff I <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date June 6, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>Dr. M. /</i>
Date 10/11/06			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, I <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, I <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below			
I <input type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		I <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service 6/26/06	Time of Service 9:00 AM
		Signature Title and Treasury Agency <i>Dr. M. / IRS - CP</i>	
REMARKS: <i>postcard received indicating receipt of certified mailing on 6/26/06.</i>			

TD F 90-22.48 (6/96)